MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029197 STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 285

FILED AUG 9 1963

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: Marion

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal

Length of stay in 1b: 15 years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Levering Hospital

Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Marion

c. CITY OR TOWN: Hannibal

Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 700 Center Street

Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Martha Middle: Frances Last: Capps

4. DATE OF DEATH: Month: July Day: 29, Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 5/2/1884

9. AGE (last birthday): 79

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): McCune Station, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Doyle

13b. MOTHER'S MAIDEN NAME: Martha Jackson

14. NAME OF HUSBAND OR WIFE: Andrew J. Capps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. William Rubemeyer, Louisiana, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Ruptured Sclerotic Uterine

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/6/63 to 7/29/63 and last saw her alive on 7/7/63

Death occurred at 7:25P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Lanning MD

22b. ADDRESS: Hannibal Mo

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/1/63

23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

23d. LOCATION (City, town, or county) (State): Louisiana, Mo.

24. FUNERAL DIRECTOR ADDRESS: Collier Funeral Service, Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: August 1, 1963

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Geo M. Callier

Licensed Embalmer No. 2829

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8/11/63